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## Reaction of Army Families with Grade School Children to the Active Duty Dependents Dental Insurance Plan

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In March-May 1988, we collected data on enrollment of 1,445 Army families with grade school children in the Active Duty Dependents Dental Insurance Plan at two Army posts. We also surveyed their reactions to the plan. Results show that, although nearly two thirds of families are enrolled in the plan,

most consider the plan a loss of benefits and coverage inadequate. Queues and limited services at military clinics are primary reasons for joining; poor coverage of the dental insurance plan is the main reason for not. A majority of families are willing to pay more for expanded coverage.

### Introduction

Two years after its initiation, the Active Duty Dependents Dental Insurance Plan (ADDDIP) experienced a sizable decline in enrollment. From its peak of 667,085 in July 1987, total nationwide enrollment in the dental plan fell to 630,262 by June 1989.<sup>1,2</sup> The House Armed Services Committee expressed its concern by ordering the Secretary of Defense to determine whether "this problem is a result of inadequate mar-

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Data were presented in an oral session at the annual meeting of the American Association of Public Health Dentists, Honolulu, HI, November 1-3, 1990.

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keting or if situations exist that would actually discourage enrollment."<sup>3</sup> In considering probable explanations, the committee overlooked the possibility of faults in the plan itself.

In this study, we present findings from a survey of Army families that queried their reaction to the ADDDIP. Our data were collected shortly after the plan was activated and, to our knowledge, represent the first report of how Army families reacted to the ADDDIP. We believe our results provide valuable insights into the issue of declining enrollment.

## Methods

This study collected data on enrollment of Army families in the ADDDIP and their attitudes toward the plan in March–May 1988. Following a brief description of the plan, parents of grade school children, ages 5–13, at on-post schools at Ft. Lewis, Washington and Ft. Sam Houston, Texas were asked the following six questions (on self-administered questionnaires):

- (1) Do you think this plan is a gain or loss of benefits for military family members? (Gain or Loss response.)
- (2) Will this insurance plan meet the dental treatment needs of your family? (Yes or No response.)
- (3) Do you plan to stay in the Active Duty Dependents Dental Insurance Plan? (Yes or No response.)
- (4) Please give the most important reason why you quit the Active Duty Dependents Dental Insurance Plan.
  - (a) The monthly membership fee costs too much.
  - (b) My having to pay 20% of the costs for fillings is too much.
  - (c) I prefer to get care at a military dental clinic.
  - (d) Family member care is easy to get on this post.
  - (e) The plan does not cover enough services.
  - (f) My family is moving overseas soon.
  - (g) The cost of dental care off post is too high even with insurance.
  - (h) Filing insurance claims is too much trouble.
  - (i) Other (please specify).
- (5) Please give the most important reason why you stayed in the Active Duty Dependents Dental Insurance Plan.
  - (a) Too long a wait for care at military dental clinics.
  - (b) I prefer to be treated by civilian rather than military dentists.
  - (c) Military dental clinics give only a few services to dependents.
  - (d) My family lives so far from post that it would be easier to go to a civilian dentist.
  - (e) Other (please specify).
- (6) Would you be willing to pay a higher monthly fee or a greater percentage of the cost for insured dental care if the plan were to cover more services? (Yes or No response.)

This survey was completed as part of a study of the oral health of Army dependents. We received completed questionnaires from parents of 828 children at Ft. Sam Houston (96% of eligibles) and 1,235 children at Ft. Lewis (57% of eligibles). We identified children from the same family to prevent families with multiple children from having greater influence on the results than families with only one child. With the family as the unit of analysis, our sample consisted of 545 families at Ft.

Sam Houston and 900 families at Ft. Lewis. For each question, sample size may vary due to non-response.

## Results

Figure 1 shows enrollment in the ADDDIP by rank group at each study site. Overall, 60% or more of the families in our sample enrolled in the dependent dental plan. The plan has its highest enrollment in families with commissioned officer sponsors (65.5–73.4%) and its lowest enrollment in families with warrant officer sponsors (37.5–47.1%).

Despite high enrollment, most families feel that the plan is inadequate in meeting their dental treatment needs (Fig. 2). While enrollees are more likely than non-enrollees to view the plan as adequate (Fig. 3), a majority of non-enrollees believe the ADDDIP is inadequate.

Overall, only 40–43% of families think the ADDDIP is a gain in military benefits. Figures 4 and 5 show considerable variation in attitude on this issue by rank and enrollment status. Families with commissioned officer sponsors (54–59%) are the only rank group where a majority view the ADDDIP as a gain in

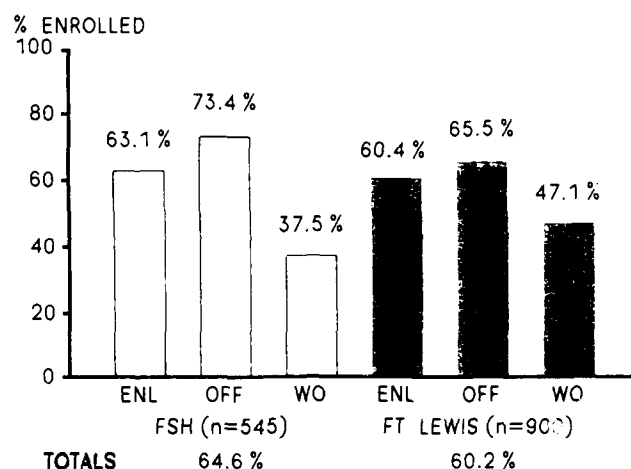


Fig. 1. Enrollment status by site and rank group.

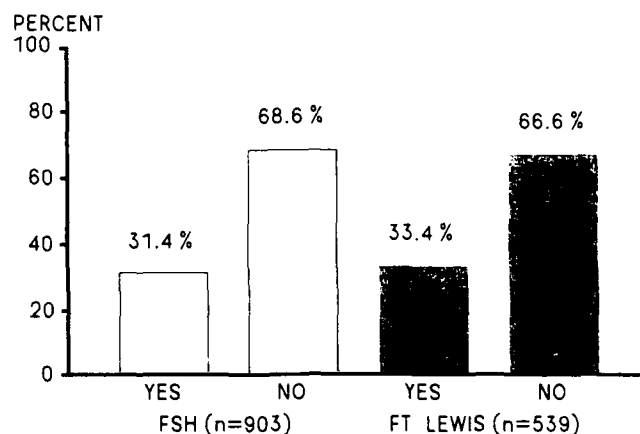


Fig. 2. Will this plan meet the dental TX needs of your family? By site. Note: Response invariant by enrollment/officer rank group.

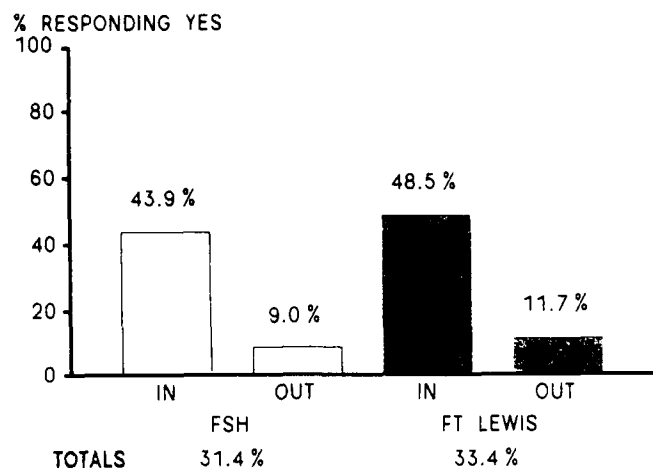


Fig. 3. Will this plan meet the dental TX needs of your family? By site/enrollment.

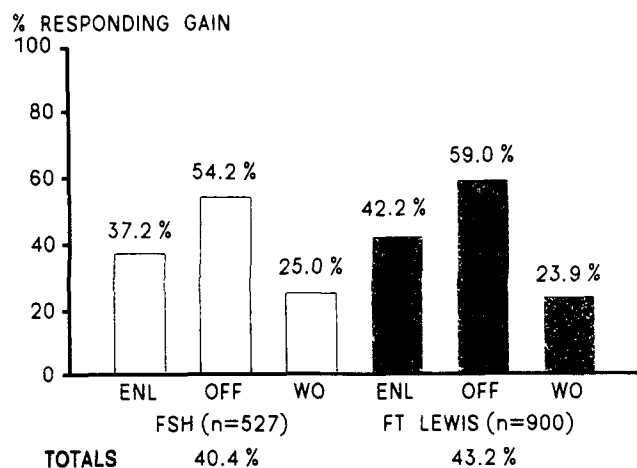


Fig. 4. Do you think this plan is a gain or loss of benefits? By site/rank.

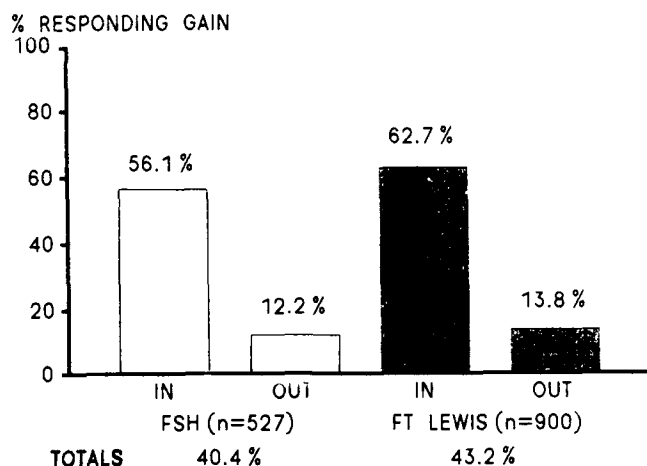


Fig. 5. Do you think this plan is a gain or loss of benefits? By site/enrollment.

TABLE I

MOST IMPORTANT REASON ENROLLED IN ADDIP BY SITE

	% of Sample	
	Ft. Sam Houston (N = 319)	Ft. Lewis (N = 523)
Queues	42.6	48.9
Limited services	35.7	24.3
Other	16.6	16.4
Prefer civilian DDS	4.1	10.3
Civilian convenient	0.9	0.0

TABLE II

MOST IMPORTANT REASON FOR DISENROLLING FROM THE ADDIP BY SITE

Reason	Ft. Sam Houston (N = 187)	Ft. Lewis (N = 358)
Poor coverage	50.3%	46.6%
Prefer military clinic	17.1%	18.7%
Other	10.7%	5.6%
Civilian too expensive	9.1%	14.8%
Co-payment too high	4.3%	3.9%
Going OCONUS	3.2%	4.7%
Fee too high	3.2%	2.5%
Military care easy	2.1%	2.8%
Paperwork	0 %	0.3%

benefits. Enrollees are four times more likely to consider the dental insurance plan a gain in benefits (56.1-62.7%) than non-enrollees (12.2-13.8%).

Table I shows what enrollees claim is their most important reason for staying in the ADDIP. The three leading reasons include long queues for dependent care in military dental clinics (42.6-48.9%), limited services available to dependents in military dental clinics (24.3-35.7%), and other (16.4-16.6%). Many respondents who selected other commented that they "felt they had no choice." Few Army families indicated a preference for civilian dentists or felt that civilian dentists are more convenient.

Table II shows reasons for disenrollment. (Army families were automatically enrolled in the plan and had to disenroll if they chose not to participate.) The leading reason for disenrollment is that the plan does not cover enough services (46.6-50.3%). This is followed by a preference for care in military dental clinics (17.1-18.7%). Few disenrollees think the co-payment (3.9-4.3%) or the monthly enrollment fee (2.5-3.2%) is too high.

The willingness of Army families to pay more for an expanded insurance plan is shown in Figures 6 and 7. Across all ranks and enrollment status, a majority of families in this sample is willing to pay more for a plan with expanded benefits. Enrollees (74%) and families with officer spouses (75%) are most willing to do this.

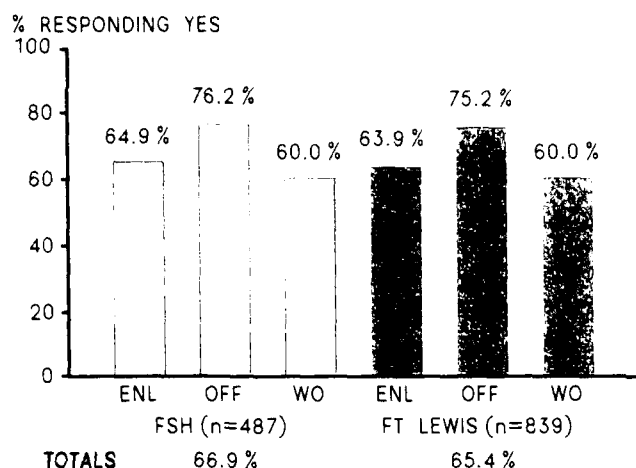


Fig. 6. Would you pay more for an expanded plan? By site/rank.

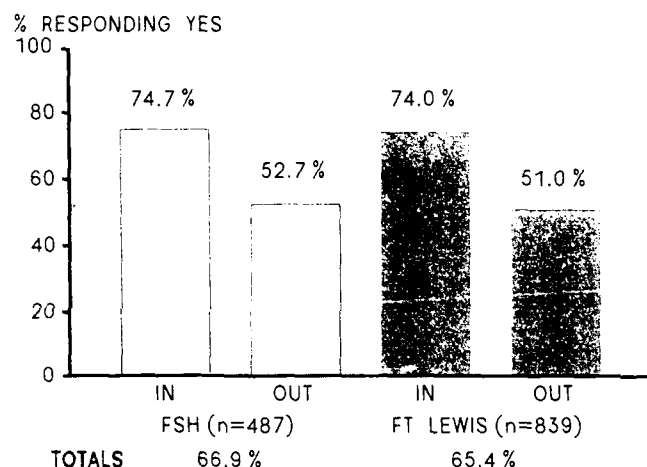


Fig. 7. Would you pay more for an expanded plan? By site/enrollment status.

## Discussion and Conclusions

The data for this study came from families with grade school children attending schools on post at two Army installations. Excluded are families without elementary age children and all Army families who live off post. The results are, at best, representative of a subset of all Army families. However, this is an important subset. Families with young children generally have a keen interest in health benefits, and for a dependent dental insurance plan to succeed, it must appeal to this constituency.

While results from this study show that a majority of our sample stayed enrolled in the Active Duty Dependents Dental Insurance Plan, they did not do so with enthusiasm. The most common reasons for enrolling are negative features of care in overcrowded military dental clinics rather than positive features of civilian dental care. Overwhelming majorities feel the ADDDIP is inadequate for their families' dental treatment needs. Limited coverage is the most common reason families

quit the plan. Most families consider the ADDDIP a loss in military benefits.

These findings, coupled with the fact that nearly two-thirds or more of our sample is willing to pay for expanded coverage, suggest to us that the chief failure of the ADDDIP is not marketing but content.

During the time this paper was under review, premiums for the ADDDIP went up from \$3.85 to \$4.57 a month for one dependent and from \$7.86 to \$9.42 a month for two or more dependents. Accompanying this premium increase was a modest expansion of benefits for children—sealants, space maintainers, and prefabricated resin crowns for primary front teeth.<sup>4</sup>

Enrollment in the ADDDIP has improved since its ebb in 1989. According to Delta Dental Plan of California, which administers the plan, the downward trend in enrollment has reversed. Some of this is attributed to better command emphasis of the plan within the military. However, some of it is owed to another trend rather than an inherent attractiveness of the ADDDIP. Since military manpower staffing models no longer allow stateside dependent dental care to count for staffing purposes, access to space-available dependent dental care has been shrinking.

We have no more recent measure of perceptions toward the plan than those we report. It is possible that over time, as military families have used the benefit, they have gained more favorable attitudes toward the ADDDIP. However, we are more inclined to believe that discontent with the insurance plan remains high because there has been no substantive expansion of benefits and because the alternative, space-available dependent dental care, is rapidly disappearing.

Six months ago, the Department of Defense personnel chief suggested that the \$10 per month cap on paycheck deductions for the ADDDIP be lifted to keep the plan benefits from eroding with inflation and to allow coverage for a wider range of dental services.<sup>5</sup> Bills allowing the program to expand are under consideration in both houses of Congress. The House bill seeks to add benefits to the basic plan that would apply to all enrollees, while the Senate bill proposes supplemental plans for specific types of dental services.

We endorse these moves because they recognize that limited dependent dental benefits, whether under the insurance plan or in military dental clinics, are the cornerstone of service members' discontent with the status quo. Expansion of benefits in the ADDDIP should enhance enrollment and satisfaction among Army families. We recommend that expansion of the plan should be preceded by a careful analysis of what benefits dependents want and how much extra they are willing to pay for them.

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